

## SAMPLE FORM

<b>CONFIRMATION OF REQUEST FOR REASONABLE ACCOMMODATION</b>	
<b>1.</b>	
_____ <b>Applicant's or Employee's Name</b>	_____ <b>Applicant's or Employee's Phone #</b>
_____ <b>Today's Date</b>	_____ <b>Employee's Supervisor</b>
_____ <b>Date of Request</b>	_____ <b>Employee's E-mail</b>
<b>2. ACCOMMODATION REQUESTED</b> <i>(Be as specific as possible, e.g., adaptive equipment, reader, interpreter):</i>	
<b>3. REASON FOR REQUEST:</b>	
<b>If accommodation is time sensitive, please explain:</b>	
<b>Return Form to Disability Program or HR Manager</b> <b>(Disability Program or HR Manager will assign number)</b>	
<b>4. Log No.:</b> _____	